

# MISSOURI STATE BOARD OF NURSING NEWSLETTER

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DIRECTOR'S OFFICE  
JULY 2008

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**Volume 2 No. 3**

**August, September, October 2000**

## Introduction to the Board of Nursing's Staff

Periodically, we would like to introduce you to members of the staff. In this issue we will introduce you to the staff members who make up our Licensure section.

### Licensing Technician I

From left to right in the back row are Kathy Tucker, Mike Parkhurst and Rhonda Stegeman. From left to right in the front row are Sally Martin and Lynn Nichols.

The technicians work involves issuing/renewing licenses and maintaining a computerized licensing database. On a daily basis each technician performs the initial review and processing of Applications for License Renewal, Exam Applications, Applications for Licensure by Endorsement and Advanced Practice Nurse Applications. This includes preparing and mailing correspondence and answering many phone calls. This team responds to licensure calls and serves as secondary telephone coverage for the other sections of our office. We call them the "worker bees" because of the tremendous amount of work they do.

Supervised by

Lori Scheidt, AA Licensing Supervisor  
Heather Graff, Licensing Technician II



### Two New Faces In The Board Office

We have two new additions to the Board of Nursing's staff. They are Kelly Maddox, Clerk Typist III in Discipline and Practice and Todd Rowland, Clerk Typist II in Administration.



Maddox



Rowland

## History Corner

### Requirements of the Probationary Period of Nursing Program 1909

Calvina Thomas, PhD, RN  
Executive Director

The Nursing Practice Act of 1909 established rules and regulations for nurses and nursing programs. Licensure regulations were discussed in the previous *History Corner*; this article relates the requirements for nursing programs. Forty-seven were approved during 1911 - 1920.

The Missouri State Board of Nursing determined the curriculum for all nursing programs, even the textbooks that were used. The courses of instruction had to be at least 2 years in length with the majority being 3 years in length.

The required rigorous probationary period lasted two to four months. Students were called Probies and were not allowed to wear the program cap or full uniform until they successfully completed this first portion of training.



Thomas

newly admitted patient; care of patient's clothes; care of clothes closet; care of patient's valuables.

4. Mechanism and care of wheel chairs, hospital furniture, bedside tables, back rests, house telephones, signals, fire drill, etc.
5. Care of vacant rooms; preparation of private room for admission of patient.
6. "Hygiene for Nurses." McIsaac, Chapters 1, 2, 3.
7. Care of refrigerators; bath rooms; care and disinfection of bed pans, urinals, waste-baskets, rubber gloves, sputum cups. Care and disinfection of all discharges: care of mattresses, pillows.
8. Clean linen. Folding linen. Care of soiled linen.
9. Cleaning, disinfecting and making empty beds. Care of patients' back, mouth, nails, and hair.
10. Making of occupied beds; position of patient; fracture beds; ventilation.
11. Temperature, pulse and respiration (At this point in time the taking of blood pressure was not allowed by nurses, this was considered to be a medical procedure).
12. Baths. Cleansing; bed bath; tub; foot; showers; sitz. Hair washing.
13. "Hygiene for Nurses." McIsaac, Chapter 4, 5, 6, 7, 8.

The clinical lab or Practical Demonstration during this period included:

1. Beds, Bedding, bed making, with and without patient;

*History Corner cont. on pg. 3*

### GOVERNOR

The Honorable Mel Carnahan

### DEPARTMENT OF ECONOMIC DEVELOPMENT

Joseph L. Driskill, Director

### DIVISION OF PROFESSIONAL REGISTRATION

Randall J. Singer, Director

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### EXECUTIVE DIRECTOR

Calvina Thomas, PhD, RN

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**MISSION OF THE MISSOURI STATE BOARD OF NURSING**

**The Mission of the Missouri State Board of Nursing is to ensure safe and effective nursing care in the interest of public protection.**

**TELEPHONE  
NUMBERS OF INTEREST**

Division of Aging (nurse aide verifications and general questions)	<b>573-526-5686</b>
Missouri State Association for Licensed Practical Nurses	<b>573-636-5659</b>
Missouri Nurses Association	<b>573-636-4623</b>
Missouri League for Nursing	<b>573-635-5355</b>
Missouri Hospital Association	<b>573-893-3700</b>

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## History Corner

### *History Corner cont. from pg. 1*

management of helpless patients; changing bed, bed making for operative patients; rubber cushions: bed rests; cradles; hot water bottles; arrangement of pillows, etc.; substitutes for hospital appliances.

2. Sweeping, dusting, ventilation-importance and methods of preparing rooms for Patients in private practice-in institutions; disinfection of bedding, furniture, etc.; care of patients; dusting in wards and private rooms; disinfection of infected or infested clothing
3. Care of linen rooms; refrigerators; bath rooms; and appliances; hoppers; bath tubs; etc.
4. Baths—First sponge to reduce temperature; foot baths; vapor baths; and hot and packs.
5. A demonstration of rectal injections, for laxative; nutritive; stimulating; and astringent purposes; care of appliances; disinfection of excreta.
6. Vaginal douche; methods of sterilizing appliances, use and care of catheters; vesical douches; rectal and colonic irrigation's.
7. Local cold and hot applications; making of poultices; formentations, compresses; Methods of application: use and danger of hot water bottles; uses and care of ice caps and coils.
8. Chart keeping; methods of recording bedside observations.
9. Making of bandages-roller, many tailed, plaster, abdominal, breast, pneumonia jackets.
10. Methods of applying roller bandages.
11. Methods of applying other bandages.
12. Appliances for ward examinations and dressing; sterilization's of ward instruments; nurse's duties during dressings.
13. Preparation of patients for operation; hand disinfection.
14. Preparation and care of surgical dressings, sponges, swabs, etc.
15. Tray setting and food serving; feeding of helpless patients; management of liquid diet.
16. Administration of medicines.
17. Care of the dead.
18. Symptomology—the pulse; correct methods of examining the pulse; volume, tension, rhythm, rate, etc.; effect of exercise, emotions, baths, drugs, shock and

hemorrhage.

19. The face in disease- the skin; expression, eyes, mouth, teeth, etc.; general observation of the body.
20. Respiration-normal and in respiratory affections.
21. Pneumonia-respiration, cough and sputum; crisis and lysis explained and charts shown.
22. Typhoid fever-face, rose spots, temperature charts, changes in temperature and pulse explained; danger signal; prophylactic measures; methods of managing delirious patients; proper restraint, etc.
23. Specimens of excreta-urine, sputum, feces, etc.; nurse's duties as regarding each; importance and general management.

Upon completion of the Probationary Period the successful students received their caps and full uniform. This right of passage into nursing was called "Capping" and was a significant milestone.

### **State Board exam questions of 1922 that would relate to Probationary Period include the following:**

#### CARE OF THE SICK

January 19, 1922.

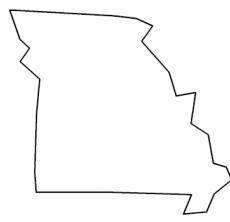
(Answer 10 questions only.)

1. Tell how to change the under sheet of a bed with a patient in it.
2. How do you give a soapsuds enema? Give amounts of what you use and the way you do it.
3. How would you keep the weight of bedding off an injured foot?
4. How do you take the pulse?
5. What is the best way to feed a helpless patient?
6. How do you comb a patient's hair when she is in bed?
7. What is the daily care of a sick patient's back?
8. How do you fill a hot water bottle?
9. What is the daily care of the sickroom?
10. How would you turn a sick person in bed?
11. How would you get a room ready for fumigation?
12. How would you give a baby a bath?

#### PRACTICAL NURSING.

(Answer 10 questions only)

1. How do you prepare a tub bath for a patient?
2. What care should you take of mattress, pillows and blankets while in use by a patient?
3. How do you help a person out of bed?
4. How do you fill an ice bag?
5. How do you change the nightgown of a bed patient?
6. What is the regular evening care of a bed patient?
7. How would you dispose of soiled dressings in care of a patient in her home?
8. What are some causes of bed sores?
9. What is a Normal temperature? A normal pulse?
10. How should bed pans and urinals be cared for?
11. How do you scrub your hands?
12. What is the best way to lift a helpless patient?



# Licensure Corner

Lori Scheidt, AA,  
Licensing Supervisor

## Missouri State Board of Nursing Licensure Committee Members:

- \* Ian Davis, LPN, Chair
- \* Arthur Bante, RN, BSA, CRNA
- \* Paul Lineberry, PhD
- \* Patricia Versluis, RN
- \* Robin Vogt, MSN, RN, FNP-C
- \* Charlotte York, LPN

## LPN Licenses Expired May 31, 2000

Another renewal cycle has been completed. LPN licenses expire on May 31 of each even-numbered year. All LPNs practicing in the State of Missouri must have a license that expires May 31, 2002.

A list of LPN licenses that expired on May 31, 2000 can be viewed at the Board's web page – [www.ecodev.state.mo.us/pr/nursing](http://www.ecodev.state.mo.us/pr/nursing). Click on the Renewal Information tab. A total of 2,633 LPNs did not renew for the June 1, 2000 to May 31, 2002 renewal period.

## Temporary Permits Have a New Look

The temporary permits issued by the Board of Nursing have a new look. A temporary permit is now on a full 8.5" x 11" sheet of security paper. The temporary permit is only valid with the Board's raised seal and stamped signature of the Executive Director.

## Renewal Fees to Increase in December

A rule has been filed to increase the renewal fees. The fee increase is expected to be effective December 1, 2000. The RN renewal fee will increase to \$60 and the LPN renewal fee will increase to \$52.

The Missouri State Board of Nursing has a growth rate of approximately 1.5 to 2% per year in the number of licensees. Over the past four years, the number of complaints requiring investigations has increased 17% per year. Because renewal fees have not been increased since 1993, a fee increase is necessary in order to cover our operating expenses.

The Board reviewed the fees charged for the same services by other boards of nursing. 23% of boards with a biennial renewal cycle charge a \$50 renewal fee. 54% of the board charge over \$50 for a renewal fee. Remember that the Missouri Board of Nursing collects an extra \$10 on the RN renewal fee and \$2 on the LPN renewal fee for the nursing student loan program.

## Board of Nursing to Begin Requiring FBI Background Checks

Applicants for a license by exam and endorsement are required to provide a completed fingerprint card with the application. This fingerprint card is used to conduct a background check by the Missouri State Highway Patrol. In the very near future, this will change. Applicants will be required to provide 2 completed fingerprint cards. One card will be used to conduct a background check with the Missouri State Highway Patrol and the other card will be used to conduct a background check with the Federal Bureau of Investigations (FBI). The FBI charges a \$22.00 fee to conduct a background check. This fee will be passed through to the applicant. The fee structure will change to: \$33 for a LPN exam applicant, \$42 for a RN exam applicant, \$52 for a RN endorsement applicant and \$48 for a LPN endorsement applicant.

The Board is setting up the final processes so we may

begin conducting FBI background checks. The instruction letters on our web site and those being mailed will be revised when this new procedure is in place.

It may take up to 3 months for the FBI to complete the background check, therefore, exam applicants are urged to apply to take the exam no later than 3 months prior to graduation.

## List of Nurses Available for Download on the Web

The Division of Professional Registration's web site includes a link to downloadable profession listings. A list of RNs, LPNs and advanced practice nurses may be downloaded free from the Division's web site at [www.ecodev.state.mo.us/pr](http://www.ecodev.state.mo.us/pr). The downloadable listings are updated every Friday.

Scheidt



## Forms on Board's Web Site

A majority of forms can be found on our web site at [www.ecodev.state.mo.us/pr/nursing](http://www.ecodev.state.mo.us/pr/nursing). Click on the LICENSURE INFO/FORMS tab. The forms available are: RN endorsement application, LPN endorsement application, RN exam application, LPN exam application, Affidavit for a Duplicate license, petition to renew RN expired license and petition to renew expired LPN license.

## Commonly Asked Licensure Questions

**Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?**

Contact the Division of Aging at (573) 526-5686.

**Where do I call to verify an Emergency Medical Technician (EMT)?**

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

**What is the process for the Board to endorse my license to another state?**

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at [www.nursingboards.org](http://www.nursingboards.org). At the time you apply for licensure in another state, that Board will give you a verification of licensure form that must be sent to our office for completion. Fill out your part of the form and send it to our office **with a \$5.00 check or money order**. Please be sure to include your Missouri license number on the form and check or money order. We will complete the remainder of the form and forward it to the state in which you are applying for a license.

## VERIFICATION OF A LICENSE

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year of license followed by a 6-digit number. Example: 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

Fax at (573) 751-6745 or (573) 751-0075

Phone at (573) 751-0681

e-mail at [nursing@mail.state.mo.us](mailto:nursing@mail.state.mo.us)

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, \_\_\_\_\_, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, \_\_\_\_\_, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

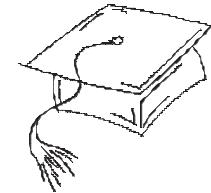
Date

Applicant's Signature

Applicant's Printed Name

Applicant's Social Security Number

## Graduate Nurse Practice



### The Rule

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an **Authorization to Release Confidential Information** form so we may provide you with periodic updates on the person's exam and licensure information. A sample authorization form is included with this article. (See below).

### After the Examination

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

### About Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

### Proper Supervision

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

# Education Corner

## Missouri State Board of Nursing Education Committee Members

- \* Patricia Porterfield, RN, MSN; Chair
- \* Janet Anderson, RN
- \* Arthur Bante, RN
- \* Cordelia Esry, PhD, RN
- \* Charlotte York, LPN

## Nurse Educators Orientation

Because we have received positive feedback and valuable tips from the attendees of previously held orientation sessions we are once again scheduling a Nurse Educator's Orientation. The program will be held August 30, 2000 at the Professional Registration Building, 3605 Missouri Blvd., Jefferson City, MO. in the main conference room from 9:00 a.m. until 4:00 p.m. It will consist of a reference manual and a daylong workshop about the educator's role in the regulatory arena. The orientation program is recommended for all new educators hired within the past year.

## Retired Educators

We would like to extend our thanks to the following retirees:

**Mary Ann Pruiett** retired June 30, 1999. Coordinator of Sikeston Public Schools Hayti, MO. Bonnie Smith is her replacement.

**Maudie Streetman**, retired June 30, 2000. Coordinator of Applied Technology Services/West County, Chesterfield, MO. Mary Jo Ellison is her replacement.

**Pat Elledge** retired June 30, 2000, Coordinator of Sikeston Public Schools, Sikeston, MO., Linda Boyd is her replacement.

## Missouri Board of Nursing Chosen as a Pilot State for the Commitment to Public Protection through Excellence in Nursing Regulation Project

A number of forces have encouraged discussion regarding the outcomes for which a regulatory board should be held accountable and how board effectiveness can be assessed. In 1995, the Pew Health Professions Commission Taskforce on Health Care Workforce issued *Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century*, which explored professional regulation and proposed new approaches to health care work force regulation to best serve the public's interest. Ten issues were analyzed including the following recommendation:

*Recommendation:* States should develop evaluation tools that assess the objectives, successes and shortcomings of their regulatory systems and bodies in order to best protect and promote the public's health. *Criteria* for periodic external and internal evaluation might include: timeliness of adjudication process; public perception of and satisfaction with regulatory processes and accountability; and effectiveness of boards at meeting their mission and objectives.

If regulatory boards are to be held accountable for protecting the public's health and safety, there needs to be a clear articulation of the areas of direct accountability. Therefore, the National Council's Board of Directors approved the hiring of the Urban Institute to implement the following four phases: (1) determine the expected roles and functions of an effective nursing regulatory board based on the input of multiple stakeholders; (2) identify exemplary performance outcome indicators that can serve

as a baseline/model for use in individual Member Board strategic planning and performance outcome measurement activities; (3) facilitate data collection and the establishment of a central database to support benchmarking and the identification of best practices; and (4) facilitate strategic planning and performance outcome measurement and enhancement activities within boards of nursing.

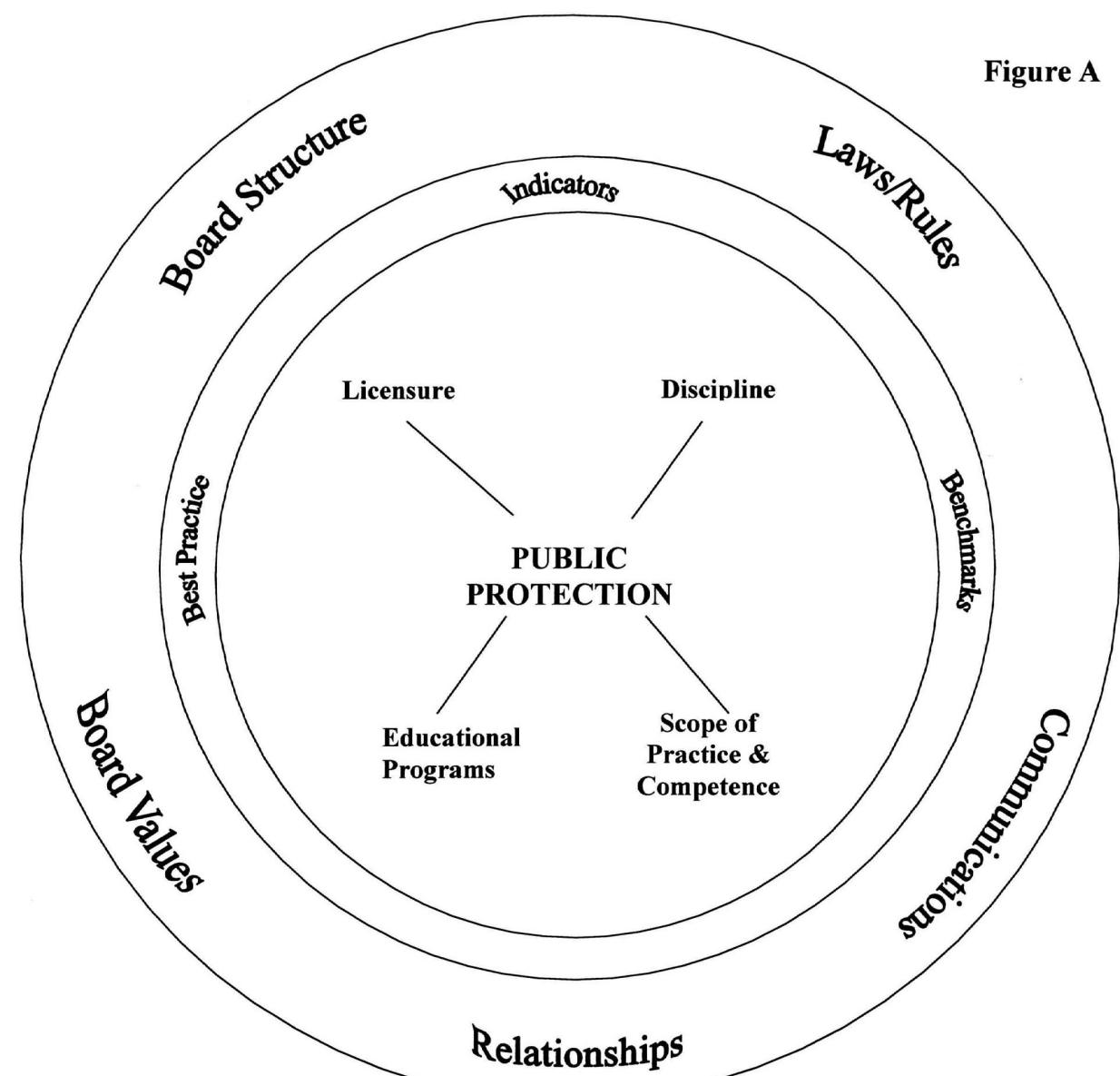
Phase three began in October 1999 and will entail pilot testing of data collection instruments and procedures and data analysis and reporting processes in 2000. Building on the extensive work to date, data collection instruments have been revised to include process-related questions that will link to outcome indicators and provide contextual information.

This exciting and ground-breaking project (no other regulatory group has approached performance evaluation in this manner or to this extent) will clarify the important work of boards of nursing, demonstrate value and identify best practices.

The first two areas that the pilot states will collect information, beginning July through September, on licensure and discipline (see Figure A). In addition, random surveys will be sent to nurses, agencies, associations and consumers in the pilot states.

States participating in the pilot study besides Missouri are Kentucky, Louisiana-RN, Maryland, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Tennessee, West Virginia-PN and Texas-RN.

Figure A



## Summary of Actions from June 2000 Board Meeting

### ADMINISTRATIVE MATTERS

Election of officers was held and the following board members were elected into office:

Robin Vogt, RN - President  
Pat Porterfield, RN - Vice President  
Janet Anderson, RN - Secretary

Tentative dates were set for the 2001 and 2002 board meetings:

March 13-15, 2001  
June 5-7, 2001  
September 5-7, 2001  
December 4-6, 2001  
March 5-8, 2002  
June 4-7, 2002  
September 3-6, 2002  
December 3-6, 2002

### EDUCATION MATTERS

The Board dealt with the following matters listed below:

The Board accepted the request from Mineral Area College A.D.N. programs to increase their student count from 36 to 48 for the sophomore class.

The Board accepted the response from Moberly Area Community College/Moberly A.D.N. program regarding their five-year accreditation report.

The Board accepted the request from the school district of Joplin/Franklin Technical School PN program to increase the nutrition course by six clock hours.

### PRACTICE MATTERS

The Board met with representatives from the Department of Health to discuss the issue of the appropriate use of EMT-Ps in non-emergency, in-hospital patient care services.

### DISCIPLINE MATTERS

The Board held five violation and four disciplinary hearings.

# Mutual Recognition Update

## First Stakeholders Meeting Held in July

The Board of Nursing held the first Mutual Recognition Stakeholders meeting in Jefferson City, Missouri on July 11, 2000 to provide information on multi-state licensure. Approximately 60 participants attended the informational meeting.

In order to achieve mutual recognition, states have been enacting legislation called an interstate compact. The Missouri State Board of Nursing intends to introduce

legislation in the next legislative session to allow Missouri to be a mutual recognition state. States who have currently approved the model are: Arkansas, Iowa, Maryland, Mississippi, Nebraska, North Carolina, South Dakota, Texas, Utah and Wisconsin.

For more information, please see the August – October 1999 Newsletter which contained an article by Past-President Cordelia Esry on mutual recognition. The Missouri State Board of Nursing intends to introduce

legislation in the next legislative session to allow Missouri to be a mutual recognition state.

## Mutual Recognition Forums

The Board of Nursing will be conducting Mutual Recognition forums throughout the state. The purpose of these forums will be to dialogue on the important issues surrounding the mutual recognition model of nursing regulation.

The meetings will be held on the following dates at the following locations.

Date	Time	Location
October 4, 2000	1 PM to 3 PM	Truman Medical Center West 2301 Holmes Street Kansas City, MO
October 17, 2000	1 PM to 3 PM	Northeast Regional Medical Center Board Room 315 South Osteopathy Kirksville, MO
October 26, 2000	1 PM to 3 PM	St Charles County Community College Student Center, Room 205 4601 Mid Rivers Mall Drive St Peters, MO
November 8, 2000	10 AM to 12 PM	Southeast Missouri Hospital Harrison Room Cape Girardeau, MO
November 9, 2000	9 AM to 11 AM	St. Paul's Episcopal Church Sikeston, MO
November 16, 2000	2:30 PM to 4:30 PM	Lester Cox Medical Center - South 3801 South National Avenue 4th Floor of Plaza 2 Building Springfield, MO
November 17, 2000	9 AM to 11 AM	Freeman-Neosho Hospital 113 W. Hickory Street Neosho, MO
November 17, 2000	2 PM to 4 PM	Freeman Hospital 932 East 34th Street Joplin, MO

Legislators, nurses, nursing organizations, nurse employers, nurse executives and consumers of nursing care are welcome to attend the forums.

To register, send an E-mail to Jo Boyd at [jboyd01@mail.state.mo.us](mailto:jboyd01@mail.state.mo.us). Please indicate your name, agency you are representing and the date and location of the forum you plan to attend or you may also fax the registration form to Jo Boyd at (573) 751-0075.

## Mutual Recognition Forum Registration Form

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

### Select which Forum you would like to attend

<input type="checkbox"/> October 4, 2000	Kansas City, MO
<input type="checkbox"/> October 17, 2000	Kirksville, MO
<input type="checkbox"/> October 26, 2000	St. Peters, MO
<input type="checkbox"/> November 8, 2000	Cape Girardeau, MO
<input type="checkbox"/> November 9, 2000	Sikeston, MO
<input type="checkbox"/> November 16, 2000	Springfield, MO
<input type="checkbox"/> November 17, 2000	Neosho, MO
<input type="checkbox"/> November 17, 2000	Joplin, MO

Fax to Jo Boyd at (573) 751-0075  
 or mail to: Missouri Board of Nursing  
 PO Box 656  
 Jefferson City, MO 65102

# Mutual Recognition Frequently Asked Questions

## 1. What is the mutual recognition model?

The mutual recognition model of nurse licensure would allow a nurse to have one license (in his or her state of residency) and practice in other states, as long as that individual acknowledges that he or she is subject to each state's practice laws and discipline. Under mutual recognition, practice across state lines would be allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. In order to achieve mutual recognition, each state would have to enter into an interstate compact that allows nurses to practice in more than one state.

## 2. What is an interstate compact?

"An interstate compact is an agreement between two or more states established for the purpose of remedying a particular problem of multi-state concern." (*Black's Law Dictionary*)

- An interstate compact:
- supersedes state laws
- may be amended by all party states agreeing and then changing individual state laws

## 3. How many jurisdictions must enact a compact before it becomes effective?

A compact could be effective after only two jurisdictions enact it into law; however, the motion passed by the Delegate Assembly proposed that a state enacting the compact include an effective date no sooner than January 1, 2000. The compact's applicability would obviously be limited without broader participation by the states.

## 4. How would primary residency for licensure purposes be determined?

The compact administrators defined primary residence in the compact rules and regulations. The sources used to verify primary residence may include, but are not limited to, driver's license, federal income tax return or voter registration.

## 5. Why was residency, not practice location, used for determining jurisdiction?

Mutual recognition is similar to many other familiar activities based on state or place of residence, including obtaining a driver's license, paying taxes and voting. Given the many employment configurations in which nurses work, there is likely to be less confusion about where a nurse resides than about the location of his or her primary state of practice. Tracking down a nurse in the event of a complaint/investigation would be more readily accomplished with a residence link, or address, than an practice, or employment, link.

## 6. Why is an individual limited to one license at a time?

The one license concept has a number of advantages including:

- reduces the barriers to interstate practice
- improves tracking for disciplinary purposes
- promotes cost effectiveness and simplicity for the licensee
- acts as an unduplicated listing of licensed nurses
- facilitates interstate commerce

## 7. Can an individual hold both an RN and an LPN/VN license?

Yes, the mutual recognition model provides for this authorization (i.e. one license per each license type if permitted by a home state).

## 8. Can the interstate compact "mandate" that an individual hold only one license of each type (RN and LPN/VN)?

Yes, the "one license limit" is a term of the compact, and all party states would agree and be bound to impose such a limit. The basic reason for this limit is public protection, in that one license assures that all pertinent information about a nurse's licensure and discipline, past and present, is integrated and readily accessible to boards in one place. This mandate does not apply to non-party states.

## 9. Will the mutual recognition model reduce the level of a state's licensure requirements?

No. Under mutual recognition, states will continue to have complete authority in determining licensure requirements and disciplinary actions on a nurse's license per the state's Nursing Practice Act.

## 10. How does the mutual recognition model address the varying scopes of nursing practice as authorized by each party state?

The mutual recognition model provides that the nurse is held accountable for the nursing practice laws and other regulations in the state where the patient is located at the time care is rendered. This accountability is similar to the motor vehicle driver who must obey the driving laws in the state where he or she is driving. The accountability is no different from what is expected today.

## 11. Does the interstate compact affect the authority of the home state to discipline?

As provided in the compact, both the state of licensure ("home state") and state where the patient is located at the time the incident occurred ("remote state") may take disciplinary action and thus directly address the behavior of the out-of-state nurse. The compact will not diminish current

authority of the home state to discipline, but will actually enhance the home state's ability to discipline. The compact will enable ready exchange of investigatory information, allowing the home state to have the most current and accurate information in order to better determine the appropriate course of action in disciplinary cases.

## 12. How would violations be reported and/or be processed in a mutual recognition model?

Complaints would be addressed by the home state (place of residence) and the remote (practice) state. Complaints to the home state concerning a violation in the home state would be processed in the current system. A complaint to the home state concerning a violation in a remote state would be processed cooperatively. For example, the remote state may issue a cease and desist order to the nurse, and the home state may take disciplinary action against the license of that nurse. A complaint to the remote state concerning a violation in the remote state would be processed by the remote state and also reported to the home state. A coordinated licensure information system will enable the sharing of information. All information involving any action would be accessible to all party states. The Disciplinary Data Bank, which is a subset of the Coordinated Licensure Information System containing only final actions, would continue to be accessible to non-party, as well as party states under the current system.

## 13. What is meant by multi-state licensure privilege?

Multi-state licensure privilege means the authority to practice nursing in a remote state pursuant to the interstate compact. It is not an additional license.

## 14. What is meant by home state action?

Home state action means any administrative, civil, or criminal action permitted by the home state's laws which is imposed on a nurse by the home state's board of nursing or other authority, including actions against an individual's license. Only the home state can take action against the license.

## 15. What is meant by remote state action?

Remote state action is a new authority provided by the proposed interstate compact. Remote state action is any administrative, criminal or civil penalty imposed on a nurse by a remote state's licensure board or other authority, including actions against an individual's multi-state licensure privilege to practice in the remote state. For example, under the compact, authority is given to issue cease-and-desist orders by the remote state or the remote

*FAQ's cont. on pg. 9*

**FAQ's cont. from pg. 8**

state licensing board.

**16. What disciplinary actions must a home state take based on a remote state action?**

The home state will evaluate the nurse's behavior which led to the remote action and will respond based on the laws of the home state. The home state is required by the compact to evaluate the nurse's behavior in the same manner (i.e., "with the same priority and effect") as it would have if the incident occurred in the home state, but the home state is not required to take any particular actions nor to enforce the remote state's laws.

**17. Would every complaint received by the remote state(s) and results of the complaint investigation need to be shared with the home state?**

The remote state will report to the administrator of the information system any remote state actions as well as the factual and legal basis for such actions. The remote state will also report any significant current investigative information yet to result in a remote state action. The administrator of the information system will notify the home state. The compact administrators will develop policies and guidelines for defining significant complaints, as it is recognized that many complaints are not substantiated and reporting these would increase workloads and may be non-productive.

**18. Concerning complaints, what information would be reasonably necessary to share with a party state?**

Each party state may share information or documents relevant to a current, significant investigation.

**19. How would individuals participating in alternative programs be affected by the compact?**

Nothing in the compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action, and that such participation shall remain non-public if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without the prior authorization from such other party state.

**20. Will a state board have the authority to deny licensure by endorsement to an applicant who has had discipline action in another state?**

Yes. The licensing authority in the state where an application is made may choose not to issue a license if the applicant does not meet the qualifications or standards for

granting a license.

**21. Why are advanced practice registered nurses (APRNs) not included in the mutual recognition model?**

The Board of Directors endorsed mutual recognition for all nurses, with a different timeline for APRNs. The rationale for the different timeline of implementation for APRNs is that a base of comparable licensure requirements does not exist for APRNs.

**22. Does the interstate compact affect states' collective bargaining rights?**

The compact does not impact the statutory authority at the federal or state level for collective bargaining. This is not a regulatory issue. In terms of licensure process actually implemented by states when there were strikes in the recent past, there would be little or no practical difference in the ability of employers to bring in licensed nurses from other jurisdictions under mutual recognition.

**23. When will the mutual recognition model be implemented?**

State legislatures will first need to enact the interstate compact into state law. The motion adopted by the Delegate Assembly says state legislatures are encouraged to agree that implementation will not take place before January 1, 2000. This would enable Member Boards and National Council to accomplish the activities outlined in *Strategies for Implementation of the Mutual Recognition Model of Nursing Regulation*.

**24. How does enactment of the interstate compact affect a state's current Nurse Practice Act?**

Enactment does not change a state's Nurse Practice Act in any way. The compact gives states additional authority in such areas as granting practice privileges, taking actions and sharing information with other party states.

**25. How does enactment of the interstate compact affect the individual licensee?**

The individual RN or LPN/VN residing in a party state will be able to practice in all the party states, unless there is some restriction placed on the multi-state licensure privilege. The individual RN or LPN/VN residing in a non-party state will continue to be licensed in individual state(s), just as at present.

**26. If a nurse lives in a party state and obtains a license in a non-party state, must she or he give up the license from the party state?**

No. The license from the home state, which is a state

that is a party to the compact, allows the nurse to practice in all the party states. The license obtained from the non-party state would allow practice in just that state.

**27. Is there a time requirement for applying for a new license in a new home state when changing residence from one party state to another?**

According to the interstate compact rules and regulations, a nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed thirty (30) days.

**28. The compact enables the compact administrators to develop rules and regulations to administer the compact. How do these rules and regulations provide authority in the individual party states?**

The interstate compact is a legal contract between states that enables nursing practice across state lines. In each state that adopts the compact, the compact is an additional statutory layer above the individual state's Nurse Practice Act, which remains in place. The compact administrators develop the rules and regulations to administer the compact, and then individual state boards of nursing adopt the rules. If an individual state refuses to adopt the rules the compact administrators develop, that state would be in violation of the contract established by the interstate compact and thus could lose the status of party state to the compact.

**29. How will an employer know that a nurse's license is no longer valid?**

The burden will be on the employer, as it is now, to verify licensure at all significant times of change in the status of nurses who they employ. Under the interstate compact, these significant times will include any time a nurse changes state of residence.

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## Colleagues in Caring Examines Educational Mobility

The Kansas City Colleagues in Caring project is conducting a survey of nurses throughout Kansas and Missouri to identify issues related to nursing articulation. One of the primary goals of CIC is to promote a clear ladder for educational advancement among all levels of nursing education. "We have examined the nursing articulation plans for both states to determine educational issues related to school participation. Now our intent is to go directly to the source – practicing nurses – for further information on issues and/or barriers they have faced in career advancement," according to Nancy Mills, Dean at the University of Missouri Kansas City

School of Nursing and CIC, Project Director. The enclosed survey will help Colleagues in Caring gather valuable information for refinement of the articulation plans. In early fall, summaries of the Kansas and Missouri articulation plans and an aggregate report of the statewide survey will be posted on the Kansas City Colleagues in Caring website at [www.kc-cic.org](http://www.kc-cic.org). Questions can be directed to Diane Daldrup, Project Coordinator, at [ddaldrup@healthresource.org](mailto:ddaldrup@healthresource.org) or by calling 1-800-695-3568.

Please complete the survey on page 9 and return it to Kansas City Colleagues in Caring Project.

**Robert Wood Johnson Foundation - Colleagues in Caring  
Nursing Articulation Survey**

Thank you for participating in the Robert Wood Johnson Foundation, Kansas City Colleagues in Caring Articulation Survey. The purpose is to determine what, if any, barriers students have faced when articulating in Kansas or Missouri. Your input is valuable and will be used to help foster change in curriculum design and transfer procedures. Questions can be directed to 1.800.695.3568. Again, thank you for your time!

**Personal Information**

Nursing Title       RN       LPN      What is the highest credential you hold? \_\_\_\_\_

Gender       Male       Female      Age       21 - 29       30 - 39       40 - 49       50 & over

County/State Reside In: \_\_\_\_\_

County/State Work In: \_\_\_\_\_

**Education**

Your basic nursing education was:      Year of graduation: \_\_\_\_\_

LPN       Associate Degree       BSN       Diploma       MSN       General Doctorate

What is/was the major area of study of your initial degree?

Nursing       Biology       Sociology       Human Resources  
 Psychology       Education       Human Development       Other (specify) \_\_\_\_\_

Name of school where you are currently registered. \_\_\_\_\_

What level of program are you enrolled in?

Diploma       Masters in Nursing       Associate Degree       BSN  
 Masters in \_\_\_\_\_       Post Masters Certificate in \_\_\_\_\_       Bachelor in \_\_\_\_\_  
 External Degree \_\_\_\_\_       Other (specify) \_\_\_\_\_       Ph.D. in Nursing \_\_\_\_\_

Why did you choose to go back to school?

Job Requirement       Personal satisfaction       Career Advancement  
 Concern regarding future       Other (specify) \_\_\_\_\_

How long after completing your basic nursing education did you return to school? \_\_\_\_\_ year(s)

If not currently enrolled, do you plan on attending school in the future? \_\_\_\_\_ Year? \_\_\_\_\_ Where? \_\_\_\_\_

What level of program do you plan to enroll in?

Diploma       Masters in Nursing       Associate Degree       BSN  
 Masters in \_\_\_\_\_       Post Masters Certificate in \_\_\_\_\_       Bachelor in \_\_\_\_\_  
 External Degree \_\_\_\_\_       Other (specify) \_\_\_\_\_       Ph.D. in Nursing \_\_\_\_\_

**Articulation Opportunities/Barriers**

Is/was your initial degree a barrier to advancement in your nursing career?       Yes       No

Please explain: \_\_\_\_\_

Is your technical knowledge (competency) a barrier to advancement in your nursing career?       Yes       No

Please explain: \_\_\_\_\_

Did you perceive barriers to returning to school imposed by the educational institution while you were pursuing your education?       Yes       No

If yes, please indicate what they were: \_\_\_\_\_

Did you perceive barriers to returning to school imposed by your employer while you were pursuing your education?       Yes       No

If yes, please check all that apply:

Assigned work schedule       Increased responsibility       No position available       Other (specify) \_\_\_\_\_

Did your employer facilitate your education?       Yes       No

If yes, please check all that apply:

Flexible staffing       Tuition assistance       Clinical experiences as needed       Time required for tuition assistance  
 Assistance with role change       Guarantee of a job in new role       Other (specify) \_\_\_\_\_

How did you obtain information about your educational options? (check all that apply)

Employer       Radio       Library       Journal       Contacted individual schools       Newspaper  
 Previous school       Co-worker       Professional organization       Career Fair       Other (specify) \_\_\_\_\_

Please choose three of the following that were important to YOU as you considered your education, with "1" being the most important.

\_\_\_\_\_ Tuition reimbursement    School support/guidance    \_\_\_\_\_ Flexible academic schedule      \_\_\_\_\_ Teaching focused on the adult learner      \_\_\_\_\_ Flexible work schedule  
\_\_\_\_\_ Geographical accessibility of school      \_\_\_\_\_ Ability to continue to work while study      \_\_\_\_\_ Quality of program      \_\_\_\_\_ Employer Support  
\_\_\_\_\_ Cost of program      \_\_\_\_\_ Peer Support      \_\_\_\_\_ Family Support      \_\_\_\_\_ Other (specify)

Please complete the following statement, I would return to school if \_\_\_\_\_

Current job title: \_\_\_\_\_

Current employment setting (i.e., acute care, home health, education): \_\_\_\_\_

What else would you like us to know about returning to school? (please use another page if necessary) \_\_\_\_\_

## How to Participate in NCLEX® Examination Item Development

The NCLEX® examinations (NCLEX-RN® examination and NCLEX-PN® examination) are developed by hundreds of nursing professionals and testing specialists. Volunteers are always needed to serve on the following three panels:

- **Item Writers** - nurses that write the questions (items) with the assistance of the test service
- **Item Reviewers** - nurses that review the questions and answers submitted by the item writers
- **Panel of Judges** - nurses that recommend the passing standard to the Board of Directors

By participating as an NCLEX examination item writer, item reviewer, or panel judge, you will:

- Receive over 30 contact hours
- Have all of your expenses paid (airfare, airport transportation, hotel, and meals)
- Have an excellent addition to your resume/curriculum vitae
- Have an opportunity to network with other nurses from across the country
- Promote excellence in nursing
- Learn how the nurse licensure examinations are developed and have input in the process

Applying is easy! All of the item development sessions take place in Princeton, NJ. The sessions are ongoing year round and last an average of three to five days. The item development panels are assembled one to two months before the session is to take place. Your application will remain active for two years from the date of approval. You will receive a postcard when we receive your application and another postcard when your application has been approved.

The qualifications for each panel are listed at the end of the application. Essentially, in order to qualify you must either work in a clinical setting with newly licensed nurses or you must be a faculty member.

In order to participate in the item development process, please fill out the application form, attach your narrative and mail it to the address listed on the application. If you have questions, feel free to e-mail; nclex-info@ncsbn.org or call the Item Development Hotline at 312-787-6555, Ext. 496 and leave a message with your name and phone number.



The National Council of State Boards of Nursing appreciates your interest in serving on an item development panel. Qualified, highly motivated and professionally committed nurses are needed to assist in developing test items (questions) for the National Council Licensure Examinations (NCLEX-RN® examination and NCLEX-PN® examination). A description of the panels can be found on the reverse side. If you are interested in participating, please fill out this application and provide a brief personal narrative (as directed on the reverse side). If you have questions, please call the National Council Item Development Hot Line at (312) 787-6555, Ext. 496, or access our Web site at <http://www.ncsbn.org>. Thank you for your interest.

### Directions

1. Type or print all requested information.
2. Please complete all sections of the application to ensure timely processing.
3. Return the form with your personal narrative to:  
**TESTING DEPARTMENT, National Council of State Boards of Nursing, Inc.  
676 N. St. Clair, Suite 550, Chicago, IL 60611-2921**
4. Please be sure your name appears on all attachments.

Area _____	BON Approval Date _____
<input type="checkbox"/> RNIW	<input type="checkbox"/> RNIR
<input type="checkbox"/> PNIW	<input type="checkbox"/> PNIR
<input type="checkbox"/> RNPOJ	<input type="checkbox"/> PNPOJ
Dates served _____	
Staff review _____	

1. Have you applied before? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. License Type: <input type="checkbox"/> RN <input type="checkbox"/> PN License # _____ State _____
	<input type="checkbox"/> RN <input type="checkbox"/> PN License # _____ State _____
	<input type="checkbox"/> RN <input type="checkbox"/> PN License # _____ State _____
3. Name (Please type or print your name exactly as it appears on your license): _____	5. Credentials _____
4. Nickname (if any): _____	6a. Home Phone: _____
6. Home Address: _____	6b. Home FAX: _____
	6c. Home E-mail: _____
7. Present Title: _____	9a. Business Phone: _____ Ext. _____
8. Present Employer: _____	9b. Business FAX: _____
9. Business Address: _____	9c. Business E-mail: _____
10. How did you hear about us? Please be specific (e.g., name of journal, name/date of conference/exhibit, other publication, co-worker, etc.).	
11. Are you currently employed in clinical nursing practice, giving direct patient care AND working directly with nurses who have entered practice during the past 12 months? PLEASE NOTE: This does not include working with students during clinical rotations.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, indicate which category(ies) of entry-level nurses you work with:	
<input type="checkbox"/> RN <input type="checkbox"/> LPN/VN	
12. Are you currently employed as a faculty member at a school/college of nursing?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "no" to BOTH Questions 11 and 12, you do not qualify; see qualifications on other side.)	
13. If employed by a nursing education program for entry level, check the type of program:	
<input type="checkbox"/> RN Diploma <input type="checkbox"/> RN Associate Degree <input type="checkbox"/> RN Baccalaureate <input type="checkbox"/> Practical/Vocational <input type="checkbox"/> Other (specify) _____	
14. Setting for practice (Select one):	
<input type="checkbox"/> Acute care <input type="checkbox"/> Ambulatory care <input type="checkbox"/> Home Health <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other (specify) _____	
15. Indicate your current area of clinical specialization (check all that apply):	
<input type="checkbox"/> Critical Care <input type="checkbox"/> Geriatric <input type="checkbox"/> Infection Control <input type="checkbox"/> Medical/Surgical <input type="checkbox"/> Mental Health	
<input type="checkbox"/> OB/GYN; Neonatal <input type="checkbox"/> Oncology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other (specify) _____	
16. What is the average number of hours you practice per week?	
<input type="checkbox"/> 1-8 <input type="checkbox"/> 9-16 <input type="checkbox"/> 17-24 <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+	
17. Number of beds in institution:	
<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-150 <input type="checkbox"/> 151-300 <input type="checkbox"/> 301-500 <input type="checkbox"/> 500+	

**18. Educational Preparation: graduate work, basic nursing education. List highest level of preparation first.**

Educational Institution (Please do not abbreviate names.)	Area of Major Concentration	Degree or Credits	Year Degree Received

**19. Please list any National Certifications that you have earned.****20. Professional Experience: List last 4 years of employment, present employer first.**

Employer/Institution (Please do not abbreviate names.)	Position/Title	Clinical Specialty	Dates: Month/Year (From-To)

**21. Have you served on an NCLEX item development panel in the past?**

Yes. If YES, please provide the date(s): \_\_\_\_\_  No

**22. The following information will assist the National Council in providing minority representation on the panel. Please check the appropriate boxes.**

African American  Asian Other  Native American  White—not of Hispanic origin  
 Asian Indian  Hispanic  Pacific Islander  Other

**PLEASE ATTACH:**

A brief narrative statement, 250 words or less for each question, that describes:

- 1) your **CURRENT** role with entry-level nurses **OR** (for faculty members) your role as an educator
- 2) your expertise in your clinical specialty
- 3) why you believe you are qualified to serve

**Important: Please Do Not** attach a resume or curriculum vitae.

**By signing this form, you attest to the accuracy of the information provided. Your application will remain active for two years. I understand that, if selected, I will have to sign a confidentiality agreement and abide by the terms of the confidentiality agreement for a period of 2 years.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ITEM WRITERS**

Item writers create the multiple-choice questions, or items, used for the NCLEX examination. To qualify, you must be:

- 1) Currently licensed in the jurisdiction where you practice.
- 2) A registered nurse (RN) with a master's or higher degree (for NCLEX-RN exam) or a licensed practical/vocational nurse (LPN/VN) or RN (for NCLEX-PN exam).
- 3) Responsible for teaching basic/undergraduate students in the clinical area **OR** currently employed in clinical nursing practice **AND** working directly with nurses who have entered practice within the last 12 months.

*Item writing sessions for the NCLEX-RN and NCLEX-PN examinations are ongoing throughout the year. Each session lasts three to five days.*

- 3) Currently employed in clinical nursing practice **AND** working directly with nurses who have entered nursing practice during the past 12 months.

*Item reviewing sessions for the NCLEX-RN and NCLEX-PN examinations are ongoing throughout the year. Each session lasts three to five days.*

**PANEL OF JUDGES**

The panel of judges recommends the NCLEX passing standard to the National Council Board of Directors. To qualify, you must be:

- 1) Currently licensed in the jurisdiction where you practice.
- 2) An RN (for NCLEX-RN exam) or an LPN/VN or RN (for NCLEX-PN exam).
- 3) Currently employed in clinical nursing practice **AND** working directly with nurses who have entered nursing practice during the past 12 months. A basic/undergraduate faculty member will be on the panel, as will a newly licensed nurse.

*Members for the panel of judges are selected every three years, with a single session of three to five days held for the NCLEX-RN and NCLEX-PN examinations.*

# Practice Corner

Most of the content in this section is developed by Rita Tadych, PhD, RN, Assistant Director for Discipline and Practice. Please be advised that her content is not intended to represent the legal opinions or views of the Board. Content included in this section that was developed by the Missouri State Board of Nursing is identified as that of the Board.

Rita Tadych, PhD, RN

## Missouri State Board of Nursing Practice Committee Membership

\* Robin Vogt, MSN, RN, FNP -C, Chairperson  
\* Arthur Bante, BN, CRNA  
\* Ian Davis, LPN  
\* Cordelia Esry, PhD, RN  
\* Paul Lineberry, PhD  
\* Patricia Versluis, RN



Tadych

Thanks to valued collaboration with JoAnn Hanley, Executive I, we are able to provide you with the following information concerning the recently completed legislative session.

## 2000 Legislative Update

The 90th General Assembly, Second Regular Session of the State of Missouri was called to order on January 3, 2000. During this session, 1,090 bills were introduced in the House and 556 bills were introduced in the Senate. In addition, the House considered 38 House Joint Resolutions while the Senate considered 26 Senate Joint Resolutions. Both the House and the Senate considered 17 appropriations bills.

Session came to an end on May 12, 2000 with the following results: 39 House bills were Truly Agreed To and Finally Passed and delivered to the Governor's office; no House Joint Resolutions were passed. In the Senate, 26 bills were Truly Agreed To and Finally Passed and delivered to the Governor's office; 2 Senate Joint Resolutions passed and were delivered to the Secretary of States office to be presented and voted on by the people of Missouri. All 17 appropriations bills were Truly Agreed To and Finally Passed.

Once a bill has passed, the Governor has fifteen days to act on a bill if it is sent to him during the legislative session; and forty-five days if the legislature has adjourned or

has recessed for a thirty-day period. The Governor has four options:

1. Sign the bill, making it become part of Missouri law. During this session, the Governor had through July 14 to sign bills.
2. Veto the bill. In this case, the bill is returned to the General Assembly where a two-thirds vote of both houses is required to override the veto. The Governor through July 14 to veto bills.
3. Not sign the bill. Should the Governor take no action within the prescribed time, the bill goes to the Secretary of State, who then enrolls the bill as an authentic act. It then becomes law.
4. Veto line-items in an appropriation bill. On appropriation bills only, the Governor may choose to veto selected items within the bill. The General Assembly may override this veto by a two-thirds majority of both houses.

No law passed by the General Assembly can take effect until ninety days after the end of the session at which it was enacted (August 28 for regular sessions). However, if a bill was passed with an emergency clause attached, it takes effect immediately upon the Governor's signature. In addition, some bills specify the exact date when they are to take effect, which is usually a period of time longer than ninety days.

Among the 1,663 bills introduced were various health care bills pertaining to such issues as:

- Providing insurance coverage for services provided by registered nurse first assistants (HB 1133); did not pass
- Penalizing certain licensed professionals who default on student loans (HB 1242); did not pass
- Amending the definition of supervision as it related to physician assistants (HB 1431); did not pass
- Allowing registered nurse anesthetists to prescribe and administer certain drugs (HB 1497); did not pass
- Regulating the quality of patient care provided by hospitals and ambulatory surgical centers (HB 1747); did not pass

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## READY WEB REFERENCES

Please keep this list of resources handy. One or more of them can easily assist you in your search for State information.

### REVISED STATUTES OF MISSOURI (RSMo)

<http://www.moga.state.mo.us/STATUTES/STATUTES.HTM>

### CODE OF STATE REGULATIONS (CSR)

### (PROVIDES CURRENT AND PROPOSED RULES)

<http://mosl.sos.state.mo.us>

### MISSOURI STATE GOVERNMENT (EXECUTIVE, LEGISLATIVE, JUDICIAL, STATE DEPARTMENTS)

<http://www.state.mo.us>

### OFFICE OF THE MISSOURI STATE GOVERNOR

<http://www.gov.state.mo.us>

### PROFESSIONAL REGISTRATION

### (ACCESS TO REGULATED PROFESSIONS AND DOWNLOADABLE DIRECTORIES)

<http://www.ecodev.state.mo.us/pr>

### MISSOURI STATE BOARD OF NURSING

<http://www.ecodev.state.mo.us/pr/nursing>

### NATIONAL COUNCIL OF STATE BOARDS OF NURSING

<http://www.ncsbn.org>

***Practice Corner from pg. 14***

- Exempting certain persons from the 7-year requirement for the licensure examination for physicians and surgeons and allows certain persons to apply for licensure as perfusionists (HB 1848); see below
- Requiring hospitals to maintain certain minimum nurse-to-patient staffing ratios (HB 2080); did not pass
- Amending “whistleblower” statute for certain employees, and modifies healthcare licensing and training standards (SB 788); see below
- Allowing registered professional nurses who are registered nurse anesthetists to dispense controlled substances (SB 889); did not pass
- Outlining the minimum staffing requirements for skilled nursing facilities (SB 1030); did not pass
- General clean-up language to the Missouri Nursing Practice Act (HB 2047); did not pass.

The Board of Nursing monitors the progress of these and other healthcare bills that may impact the Nursing Practice Act as well as nurses, the public and various healthcare agencies, facilities and associations in the State. Two bills that passed which may be of importance to you include:

- HB 1848 - exempts certain persons from the 7-year requirement for the licensure examination for physicians and surgeons and allows certain persons to apply for licen-

sure as perfusionists. Passed and delivered to the Governor and approved by the Governor on June 27.

- SB 788 - amends “whistleblower” statute for certain employees, and modifies healthcare licensing and training standards. Passed and delivered to the Governor on May 18 and signed by the Governor on July 13.

The list of bills that are referenced in this article are in no way all-encompassing of the House and Senate healthcare bills that did or did not pass during this legislative session. If you are interested in viewing a complete list of bills and their language, they can be located at the following websites:

**House of Representatives**

<http://www.house.state.mo.us/home.htm>

**Senate**

<http://www.senate.state.mo.us/>



# Discipline Corner

Liz Cardwell M.Ed., RN  
Discipline Coordinator

## Missouri State Board of Nursing Disciplinary Committee Membership

- \* Charlotte York, LPN, Chairperson
- \* Cordelia Esry, Ph.D., RN
- \* Pat Porterfield, MSN, RN
- \* Janet Anderson, RN
- \* Ian Davis, LPN

### Points to Ponder

As the Discipline Coordinator for the Missouri State Board of Nursing, I frequently receive questions from licensees and employers regarding a variety of issues. Since I imagine that if one individual calls to ask a question that many others may have the same questions or concerns, I thought it would be helpful to share with you some of the more commonly asked questions.

#### 1. What is a censure

As you know, the Board has the authority, pursuant to 335.066, RSMo, to impose a range of discipline including censure, probation, suspension and revocation. Censure is the least severe form of discipline. It is similar to a public reprimand because there are no terms or conditions the licensee is required to comply with. Censure is a legal, public document that is an act of public discipline.

#### 2. Can a nurse who is under investigation continue practicing as a nurse?

Yes. Being under investigation by the Board does not affect a nurse's ability to practice. As long as the nurse is currently licensed, s/he may continue to practice nursing.

#### 3. We have hired a nurse whose license is under investigation. Will you notify us as to whether or not disciplinary action occurs?

The Board does not automatically notify employers of disciplinary actions. However, employers can obtain the information through one of the following means: (1) contact the Board office at (573) 751-0082; (2) disciplinary actions taken by the Board are published quarterly in the Board's newsletter or (3) all nurses on discipline are encouraged to notify their employers of any disciplinary action taken against their license by the Board and, if on probation, are also required to have employers complete biannual employer evaluations of the nurse on forms provided by the Board.

#### 4. Is a long-term care facility required to report to the Board of Nursing disciplinary action or the termination of a nurse?

No. Pursuant to 383.133, RSMo, only hospitals and ambulatory surgical centers are statutorily mandated to report to the Board any final disciplinary actions that are taken against a nurse. However, anytime other health care facilities take disciplinary actions against a nurse for conduct that may violate the Nursing Practice Act, the facility can report the conduct to the Board. The Board will then perform a thorough investigation to determine if the Board should discipline the nurse's license.

#### 5. Can a nurse, whose license is on probation, continue to practice nursing?

Yes. Being on probation with the Board does not by itself affect a nurse's ability to practice. However, as a condition of probation, the nurse may have restrictions on the area or scope of his/her practice. The restrictions may include such limitations as: (1) cannot work for a school of nursing as a member of the administrative staff, preceptor or faculty member.

(2) cannot administer controlled substances; (3) must have on site supervision by another nurse or physician; (4) cannot work in home health, temporary agency or durable medical equipment company; (5) cannot work nights and/or evening shifts and (6) cannot carry narcotic keys or have access to automated dispensing devices that contain controlled substances.

## DISCIPLINARY ACTIONS\*\*

Pursuant to Section 335.066.2, RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by Chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number.

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

### INITIAL PROBATIONARY LICENSE

Name	License Number	Violation	Effective Date
Cynthia A. Embrey Neosho, MO	RN 2000154980	Section 335.066.1 and .2 (1) (5) (12) (14) RSMo. On 3/13/92, was placed on probation by the Missouri State Board of Nursing for 3 years for misappropriation of Morphine. ON 4/14/93 violated the terms of probation by misappropriating Vicodin and was placed on 3 years probation. In 1994, misappropriated Vicodin from place of employment. On 3/22/94, ordered Detussin, ostensibly for a resident, for her personal consumption. In 6/94 voluntarily surrendered her license.	5/5/00 to 5/5/05
Todd M. Landess St. Joseph, MO	PN 2000159810	Section 335.066.1 and .2 (2) RSMo. On 10/11/96, pled guilty to crimes of wire fraud and conspiracy to commit wire fraud. Was prosecuted for his participation in a fraudulent telemarketing scheme.	6/23/00 to 6/23/02
Sherry Lynn Peterson West Plains, MO	PN 2000153176	Section 335.066.1 and .2 (1) RSMo. In August and September of 1991, underwent substance abuse treatment. Between 1995 and 1998 experienced several periods of relapse during which she abused alcohol and failed to maintain consistent adherence to any program of support or treatment for alcoholism.	4/14/00 to 4/14/02
Candace M. Ulrich Park Hills, MO	RN 081636	Section 335.066.1 and .2 (12) RSMo. Licensee was on probation with the Missouri State Board of Nursing effective 10/19/92 for 3 years because she had reported to work under the influence of Ativan and did not have a prescription for it. Licensee violated this agreement with the Board by not submitting required documentation and was placed on probation on 11/15/93 for an additional 2 years. Licensee violated this agreement by not submitting the required documentation, did not attend a required meeting, and allowed her license to lapse.	7/11/00 to 7/11/03

### CENSURED LICENSES

Name	License Number	Violation	Effective Date
Janet Eich St Louis, MO	RN 133501	Section 335.066.2 (2) RSMo On 10/16/98, pled guilty to stealing.	6/14/00
Karla M. Lake Columbia, MO	RN 118524	Section 335.066.2 (4) (5) (12) RSMo. Falsified report regarding a November 1998 visit to a home health patient in order to enable the agency to obtain Medicare reimbursement for services that were not provided.	6/26/00
Sheila K. McCord Farmington, MO	RN 147612	Section 335.066.2 (5) (12) RSMo. Engaged in inappropriate relationship with patient.	7/27/00
Crystal A. Smoot Carrollton, MO	PN 057867	Section 335.066.2 (5) (12) RSMo. On 1/12/99, threw water on a resident in reaction to the resident throwing food at her.	6/30/00
Candy A. Swope Camden Point, MO	PN 054272	Section 335.066.2 (5) (12) RSMo. Permitted patient to make collect telephone calls to her residence and on 12/18/96 was terminated for violation of facility policy regarding patient contact.	6/8/00

**PROBATION**

Name	License Number	Violation	Effective Date
Cynthia K. Acklin West Plains, MO	RN 139723	Violated Missouri State Board of Nursing Disciplinary Agreement by not attending required meetings and by not submitting documentation in a timely manner in accordance with the agreement and by consuming controlled substances in violation of <b>Section 335.066.2 (1) (14) RSMo</b>	4/30/00 to 4/30/02
Stephanie S. Bentley Kansas City, MO	RN 139369	<b>Section 335.066.2 (1) (5) (12) (14) RSMo.</b> On 8/18/97, tested positive for Cocaine.	6/23/00 to 6/23/02
Brenda K. Bonnett Dear Born, MO	PN 053735	<b>Section 335.066.2 (2) RSMo.</b> On 3/23/98, pled guilty to class C felony abuse of a child	4/21/00 to 4/21/04
Lori S. Clawson St. Peters, MO	RN 086236	<b>Section 335.066.2 (1) (12) RSMo.</b> On 1/25/99 reported to work with smell of alcohol on her breath and submitted to a blood alcohol test that showed blood alcohol level of .031.	3/6/00 to 3/6/03
Lola G. Daily Louis, MO	PN 014448	<b>Section 335.066.2 (1) (5) (12) (14) RSMo.</b> In May 1998, misappropriated approximately 26 Restoril 30 mg tablets and 21 Ambien 10mg tablets from the pyxis system for her personal consumption.	7/27/00 to St. 7/27/02
John D. Descher St. Louis, MO	RN 152450	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> Misappropriated Demerol and Vicodin for his personal consumption, which he administered to himself intravenously. On 7/14/99, voluntarily submitted to a urine drug screen that tested positive for opiates and Morphine.	7/6/00 to 7/6/03
Gary L. Dixon Ft. Scott, KS	RN 130923	<b>Section 335.066.2 (1) (2) (5) (12) (14) RSMo.</b> On 7/16/97, misappropriated two bubble packs of Klonopin 5mg from a quantity of medications to be destroyed. On 9/30/97, pled guilty to aggravated solicitation of a child, contributing to a child's misconduct and endangering a child.	6/16/00 to 6/16/03
Anna Marie Dreifke Bess St. Louis, MO	RN 122557	<b>Section 335.066.2 (5) (12) (14) RSMo.</b> Misappropriated controlled substances for personal consumption.	6/5/00 to 6/5/05

**PROBATION cont.**

<u>Name</u>	<u>License Number</u>	<u>Violation</u>	<u>Effective Date</u>
<b>Rayla L. Henkemeyer</b> Belton, MO	RN 139073	<b>Section 335.066.2 (1) (5) (12) (14) RSMo. 1994.</b> Consumed Methphetamines. On 5/19/97, tested positive for the presence of Methphetamines.	7/2/99 to 7/2/02
<b>Donna L. Huffman</b> Bernie, MO	PN 056571	<b>Section 335.066.2 (1) (5) (12) (14) RSMo.</b> On 1/12/99 possessed and consumed Marijuana. On 1/22/99 tested positive for Marijuana.	6/15/00 to 6/15/02
<b>Rebecca C. Karian-Connell</b> Platte City, MO	PN 049922	<b>Section 335.066.2 (5) (12) (14) RSMo.</b> Misappropriated Ativan for her personal use and was found to be in possession of Ativan.	5/3/00 to 5/3/03
<b>Robert A. Leonardo</b> Noel, MO	RN 122733	<b>Section 335.066.2 (2) RSMo.</b> On 3/31/99, pled nolo contendere to class B misdemeanor neglect of an endangered or impaired adult in violation of Arkansas State law.	6/16/00 to 6/16/03
<b>Troy R. Parcel</b> Odessa, MO	PN 052644	<b>Section 335.066.2 (5) (12) RSMo.</b> On 2/23 and 2/24/99, while employed as an agency nurse, was assigned to a hospital whose policy was that LPN's could not administer medications I.V. Indicated he gave the ordered Demerol I.V. to a patient but did not document this nor did the MAR indicate that the Demerol was signed out. Also failed to document the administration of Morphine even though he signed out the medication on 3 occasions. On 2/28 and 2/29/99, at another facility, was assigned a patient who had an order for Demerol IV-push. Signed out Demerol but did not indicate how much was administered on 2 occasions and did not indicate that the Demerol was wasted.	5/4/00 to 5/4/03
<b>Angela Pilkenton</b> Cuba, Mo	PN 055685	Section 335.066.2 (1) (14) On 6/3/98 consumed Marijuana and tested positive for Marijuana.	1/11/99 to 1/11/02
<b>Mary F. Sullivan</b> Gallatin, MO	RN 070788	<b>Section 335.066.2 (5) (12) RSMo. 1994</b> On 8/9/98, signed out Demerol, Vicodin and Tylenol # 3 without a physician order; signed out Darvocet for a patient who had been discharged.	4/28/00 to 4/28/03
<b>Lori J.Union</b> St. Louis, MO	PN 051380	<b>Section 335.066.2 (5) (6) (12) RSMo.</b> On 5/18/98, charted the administration of 5000 unit bolus of Heparin, when, in fact, hung a pre-mixed bag containing 25,000 units of Heparin. Then administered Protamine without an order. On the same date, charted the administration of Morphine IV push that licensee later stated she had not given.	6/9/00 to 6/9/01
<b>Marnie L. White</b> Chesterfield, MO	RN 145530	<b>Section 335.066.2 (1) (5) (12) (14) RSMo.</b> Misappropriated Vicodin for personal consumption.	7/27/00 to 7/27/03
<b>Becky B. Wohldmann</b> St. Charles, MO	RN 096536	<b>Section 335.066.2 (5) (12) RSMo.</b> On 2/2/99 consumed alcohol prior to reporting to work and submitted to breath alcohol analysis test that verified that licensee was legally intoxicated.	5/14/00 to 5/14/03

**SUSPENSION/PROBATION**

Name	License Number	Violation	Effective Dates	Suspension Probation
Pam G. Pearre Jefferson City, MO	RN 082718	<b>Section 335.066.2 (1) (5) (12) (14) RSMo.</b> Misappropriated Demerol and Valium for personal consumption.	7/27/00 to 7/27/03	7/27/03 to 7/27/08

**REVOKE LICENSES**

Name	License Number	Violation	Effective Date
Alfred G. Aboussie New Festus, MO	PN 051574	<b>Section 335.066.2 (2) (3) (11) RSMo.</b> 3/30/94-Pled guilty to 2 counts of fraudulently attempting to obtain a controlled substance, a class D felony. 3/30/94-Pled guilty and was convicted of forgery, a Class C felony. 4/25/95-Falsified his application to obtain his Missouri nursing license by answering no to a question regarding past conviction and/or guilty plea. 9/15/98-Pled guilty and was convicted of possession of Marijuana, a Class A misdemeanor.	6/16/00
Mary E. Brown Gladstone, MO	PN 044479	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation. In addition, on 7/29/99, pled guilty to a Class D felony attempted forgery which is a violation of Section 335.066.2 (2) RSMo.	4/30/00
Nicholas A. Caputo St. Peters, MO	RN 128902	<b>Section 335.066.2 (3) (11) RSMo.</b> In 1993, falsified his Missouri nursing license application by responding no to the question have you ever been convicted of or pled guilty to any crime by failing to disclose that he had pled guilty in 1983 in Massachusetts to rape.	6/16/00
Darla Kay Chandler Joplin, MO	PN 045222	Violated Missouri State Board of Nursing Agreement by not attending meetings and not submitting required documentation.	4/30/00
Nancy M. Kaelin-Garrison Columbia, MO	RN 114619	Violated Missouri State Board of Nursing Agreement by failing to submit required documentation.	4/30/00
Patsy A. Lancaster Kirksville, MO	RN 099815	Violated Missouri State Board of Nursing agreement in that, on 9/7/99, she pled guilty to the Class D felonies of fraudulently attempting to obtain a controlled substance and causing to be made a false statement in order to receive health care payment which violates Section 335.066.2 (2) RSMo.	4/30/00
Rachel J. Naugle Merriam, KS	RN 152295	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	6/8/00
Deanna F. Turner Carrollton, MO	PN 037344	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	6/8/00
Keith S. Wheeler Jackson, MO	RN 129203	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation	6/8/00

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number and/or contact the Board office at (573) 751-0082.

**VOLUNTARILY  
SURRENDERED LICENSES**

Name	License Number	Effective Date
ARTHUR J. COPELAND HARTSBURG, MO	RN 107212	5/17/00
STANLEY DEAN HARRIMAN SPRINGFIELD, MO	PN 020340	6/15/00
DOLORES P. KLAUS ST PETERS, MO	RN 077159	6/13/00
JUDITH M. MACKEY LAMAR, MO	PN 055267	6/28/00
KRISTAL D. MITCHELL CARTHAGE, MO	PN 053616	6/13/00
JENNIFER P. OBERMAN BALLWIN, MO	PN 035925	6/27/00
SHONA B. RICHEY PLATTE CITY, MO	RN 137399	4/17/00
CAROL ANN RIVARD COLUMBIA, MO	RN 120464	5/31/00
CAROLE L. WALTON TECUMSEH, OK	RN 114710	6/22/00
CHARLES D. WILLIAMS HOUSE SPRINGS, MO	PN 011365	5/11/00

\*\*Surrender is not considered a disciplinary action under current statutes.

## Missouri Depository Libraries

Proposed rules and amendments to rules as well as final orders of rulemaking by state agencies can be found in the *Missouri Register*. Rules that are in effect or due to become effective in 30 days can be found in the *Code of State Regulations*.

The *Missouri Register* and the *Code of State Regulations*, as required by the Missouri Depository Documents Law (section 181.100, RSMo 1994) are available in the listed depository libraries, as selected by the Missouri State Library.

Jefferson County Library  
P.O. Box 1486  
3021 High Ridge  
High Ridge MO 63049-1486  
314-677-8689

Jefferson College Library  
1000 Viking Drive  
Hillsboro, MO 63050-2441  
314-789-3951

St. Louis Public Library  
1301 Olive Street  
St. Louis, MO 63103-2389  
314-539-0376

St. Louis University Law Library  
3700 Lindell Boulevard  
St. Louis, MO 63108-3478  
314-977-2756

Eden Theological Seminary/Webster  
University  
Eden/Webster Library  
475 East Lockwood Avenue  
St. Louis, MO 63119-3192  
314-961-2660

Thomas Jefferson Library  
University of MO - St. Louis  
8001 Natural Bridge Road  
St. Louis, MO 63121-4499  
314-516-5084

Washington University  
Washington Univ Law Library  
Campus Box 1171, Mudd Bldg.  
One Brookings Drive  
St. Louis, MO 63130-4899  
314-935-6484

St. Louis County Library  
1640 S. Lindbergh Blvd.  
St. Louis, MO 63131-3598  
314-994-3300

Maryville University Library  
13550 Conway Road  
St. Louis, MO 63141-7232  
314-529-9494

St. Charles City-County Library  
Middendorf-Kredell Branch  
2750 Hwy. K  
O'Fallon, MO 63366-7859  
314-978-7997

Truman State University  
Pickler Memorial Library  
100 E. Normal  
Kirksville, MO 63501-4221  
660-785-7416

Learning Resources Center  
Mineral Area College  
P. O. Box 1000  
Park Hills, MO 63601-1000  
573-431-4593

Cape Girardeau Public Library  
711 N. Clark  
Cape Girardeau, MO 63701  
573-334-5279

Kent Library  
Southeast MO State Univ.  
One University Plaza  
Cape Girardeau, MO 63701  
573-651-2757

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*Libraries cont. on pg. 25*

***Libraries cont. from pg. 24***

Riverside Regional Library  
P. O. Box 389  
204 South Union Street  
Jackson, MO 63755-0389  
573-243-8141

Rutland Library  
Three Rivers Community College  
2080 Three Rivers Blvd.  
Poplar Bluff, MO 63901-2393  
573-840-9656

Charles F. Curry Library  
William Jewell College  
500 College Hill  
Liberty, MO 64068-1896  
816-781-7700

Ward Edwards Library  
Central MO State University  
142 Edwards Library  
Warrensburg, MO 64093  
660-543-4149

Kansas City Public Library  
311 East 12th Street  
Kansas City, MO 64106-2454  
816-701-3400

Law Library  
University of MO-Kansas City  
5100 Rockhill Road  
Kansas City, MO 64110-2499  
816-235-2438

University of MO-Kansas City  
Miller Nichols Library  
5100 Rockhill Road  
Kansas City, MO 64110-2499  
816-235-1281

B.D. Owens Library  
Northwest MO State Univ.  
800 University Drive  
Maryville, MO 64468-6001  
660-562-1841

River Bluffs Regional Library  
927 Felix Street  
St. Joseph, MO 64501-2799  
816-232-8151

MO Western State College  
Hearnes Learning Resources Center  
4525 Downs Drive  
St. Joseph, MO 64507-2294  
816-271-5802

Library  
North Central MO College  
P. O. Box 111  
1301 Main Street  
Trenton, MO 64683-0107  
660-359-3948

MO Southern State College  
Spiva Library  
3950 East Newman Road  
Joplin, MO 64801-1595  
417-625-9770

MO State Library  
600 West Main  
P. O. Box 387  
Jefferson City, MO 65102  
573-751-3075

Missouri State Archives  
600 West Main  
P. O. Box 778  
Jefferson City, MO 65102  
573-526-6711

Elmer Ellis Library  
Univ. of MO-Columbia  
104 Ellis Library  
Columbia, MO 65211-5149  
573-882-6733

Library  
State Historical Society of Missouri  
1020 Lowry Street  
Columbia, MO 65201-7298  
573-882-7083

Daniel Boone Regional Library  
P. O. Box 1267  
100 West Broadway  
Columbia, MO 65205-1267  
573-443-3161

School of Law  
Univ. of MO-Columbia  
224 Hulston Hall  
Columbia, MO 65211-0001  
573-882-1125

Central Methodist College  
Smiley Memorial Library  
411 Central Methodist Sq.  
Fayette, MO 65248-1198  
660-248-6292

Library  
Univ. of MO-Rolla  
1870 Miner Circle  
Rolla, MO 65409-0060  
573-341-4007

Kinderhook Regional Library  
135 Harwood Avenue  
Lebanon, MO 65536-3017  
417-532-2148

ESTEP Library  
Southwest Baptist Univ.  
1601 S. Springfield St.  
Bolivar, MO 65613-2597  
417-326-5281

Barry-Lawrence Regional Library  
213 6th Street  
Monett, MO 65708-2147

Lyons Memorial Library  
College of the Ozarks  
General Delivery  
Point Lookout, MO 65726  
417-334-6411

West Plains Campus Library  
Southwest MO State Univ.  
123 N. Minnesota  
West Plains, MO 65775-3414  
417-256-9865

Springfield-Greene County Library  
P. O. Box 737  
397 E. Central  
Springfield, MO 65801-0760  
417-869-4621

Meyer Library  
Southwest MO State Univ.  
P. O. Box 175  
901 S. National  
Springfield, MO 65804-0095  
417-836-4533

**DID YOU CHANGE YOUR NAME?  
DID YOU CHANGE YOUR ADDRESS?  
DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?**

4 CSR 200-4.020 (15)(b) (1) says in part "If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing..... " and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change...."

Please feel free to use the form below to notify the board office of your name and/or address change. Once the name and/or address change has been made to the board's records a letter verifying this change will be mailed to you.

**NAME AND ADDRESS CHANGE NOTICE**

1. Is this an address change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Is this a name change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> RN <input type="checkbox"/> LPN      Missouri License Number			
<b>OLD INFORMATION (please print):</b>			
First Name	Last Name		
Address :			
City	State	Zip Code	
<b>NEW INFORMATION (please print)</b>			
First Name	Last Name		
Address(if your address is a PO Box , you must also provide a street address):			
City	State	Zip Code	Telephone Number
<b>Please provide signature:</b>			

**Duplicate license instructions:**

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and wall hanging document), and the required fee of \$5.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

**Is Your License Lost or Has It Been Stolen?**

If you would like to obtain a duplicate license because your license has been lost or stolen please contact our office. Request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on the website at [www.ecodev.state.mo.us/pr/nursing](http://www.ecodev.state.mo.us/pr/nursing).

**You may contact our office in one the following manners:**

- Internet E-mail: [nursing@mail.state.mo.us](mailto:nursing@mail.state.mo.us) (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)